

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

1980265

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		2					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
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11		1					61						
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43							93						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL							TOTAL						
TOTAL							TOTAL						
TOTAL							TOTAL						
TOTAL							TOTAL						

**BEST AVAILABLE COPY**